



APRIL - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	4/1/21				
FRIDAY	4/2/21				
MONDAY	4/5/21				
TUESDAY	4/6/21				
WEDNESDAY	4/7/21				
THURSDAY	4/8/21				
FRIDAY	4/9/21				
MONDAY	4/12/21				
TUESDAY	4/13/21				
WEDNESDAY	4/14/21				
THURSDAY	4/15/21				
FRIDAY	4/16/21				
MONDAY	4/19/21				
TUESDAY	4/20/21				
WEDNESDAY	4/21/21				
THURSDAY	4/22/21				
FRIDAY	4/23/21				
MONDAY	4/26/21				
TUESDAY	4/27/21				
WEDNESDAY	4/28/21				
THURSDAY	4/29/21				
FRIDAY	4/30/21				

STUDENT ID#: _____ PROVIDER SIGNATURE/DATE: _____

EMAIL OR FAX FORM TO: [SSWIMBERLY27@LENOIRCC.EDU](mailto:sswimberly27@lenoircc.edu) / 252-233-6896 BY THE 5TH OF FOLLOWING MONTH